

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/060253 FILING DATE

APPLICANT

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2					1	
3					1	
4		3			1	
5		3			1	
6						
7	1		1			
8					1	
9					1	
10					1	
11					1	
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13						
14					1	
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49						
50						
TOTAL IND.		3		1		
TOTAL DEP.		4		9		
T. TAL CLAIMS	22	3	7	10	2	1

T. TAL IND.		1			
TOTAL DEP.		1	1	1	1
T. TAL CLAIMS	22	3	7	10	2